

**STATE of MICHIGAN
ENERGY SMART POOLS DATA COLLECTION FORM**



Date: _____

Organization/Owner	
Contact (name & title)	
Address	
City, ST Zip	
Phone/Fax	

Pool Name	
Address	
City, ST Zip	

Owner Type/Hours of Operation

Municipal	Private Non Profit	Public Non-Profit
Hours Open/Day _____	Days Open/year _____	

General Pool Data

General Room Data

Pool Area (sq. ft.)		Room Temp (F)	
Pool Temperature (F)		Room Humidity %	
Pool Activity (Active or Quiet)		Heating Fuel Type	
Pool Heater Fuel Type		Fuel Cost (\$/ccf or \$/kWh)	
Fuel Cost (\$/ccf or \$/kWh)		Heating system Eff%	
Pool Heater Eff%		Heating System Motor HP	
Pump Motor HP		Htg. System Motor Eff%	
Pump Motor Eff%		Htg. Motor Run Hrs/day	
Pump Motor Load %		Htg. Motor Load%	
Electricity Cost (\$/kWh)		Water Cost (\$/1000 gal)	

Desired Cover Type and Retracting System

Cover Type: Bubble Vinyl Insulated	System: Manual Automatic
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